Correspondence

Bilateral Psoas Abscesses Following Acupuncture

TO THE EDITOR: We report a case of bilateral psoas abscesses, treated by percutaneous drainage and prolonged antibiotic therapy, in which an acupuncture procedure was a possible cause.

Report of a Case

The patient, a 49-year-old man with a history of chronic low back pain, presented with acute right lower quadrant abdominal pain, nausea, and vomiting. Over the previous two weeks, he had experienced malaise, anorexia, night sweats, bilateral leg edema, and a 6-kg (13-lb) weight loss. Three weeks before admission, he underwent acupuncture of both sides of his lower back. The procedure was done by a licensed, United States-trained acupuncturist who used disposable needles after "prepping the area" with rubbing alcohol.

On physical examination, he was pale, appeared ill, and had a temperature of 39°C, pulse 110 beats per minute, respirations 20 per minute, and blood pressure 150/70 mm of mercury. Other abnormal findings were diffuse abdominal tenderness with a fullness in the right lower quadrant and pronounced bilateral pitting edema. Relevant laboratory findings included a leukocyte count of 33.1×10^9 per liter (0.71 neutrophils, 0.21 bands, 0.08 lymphocytes), hematocrit of 0.3 (30%), total protein level of 60 grams per liter (6 grams per dl), and an albumin value of 29 grams per liter (2.9 grams per dl). The erythrocyte sedimentation rate was normal.

A bone scan showed no osteomyelitis. Computed tomography (CT) of the abdomen showed generalized enlargement of both psoas muscles with mixed areas of attenuation (Figure 1). Fine-needle aspiration of these areas yielded pus that grew *Staphylococcus aureus.* The abscesses were drained percutaneously under CT guidance. The patient received nafcillin sodium intravenously for six weeks and then oral dicloxacillin for six weeks. Six months after treatment, clinical evaluation and CT showed complete resolution.

Psoas abscesses should be suspected in patients with fever, abdominal pain, and a limp. Classic signs include flexion plus external rotation of the hip and a palpable mass in the lower abdominal quadrants. Associated findings are leukocytosis, anemia, and an increased erythrocyte sedimentation rate. Computed tomography or ultrasonography suggests the diagnosis, but aspiration or biopsy is needed for confirmation. Treatment includes external drainage and antibiotic therapy. Bilateral psoas abscesses are uncommon, with fewer than 500 cases reported in the literature.[1] Secondary abscesses result from the direct extension of an inflammatory process (such as Crohn's disease or vertebral osteomyelitis). Primary abscesses do not have a defined cause; it has been proposed that previous trauma, gross or microscopic, is required for their development. *Staphylococcus aureus* is the single most common pathogen in these cases. Our literature review elicited only one case in which the development of a psoas abscess was presumed to be caused by a medical intervention. A right psoas abscess developed after the patient received anesthetic blockades in the lumbogluteal region.[2]

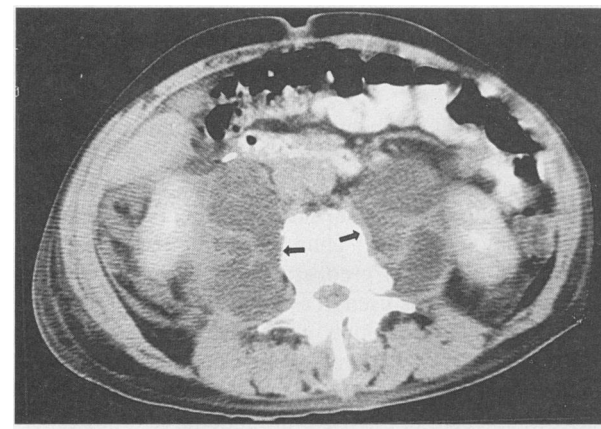

Figure 1.—An abdominal computed tomographic scan shows bilateral psoas abscesses (**arrows**).

Acupuncture is considered to be a safe procedure without major complications. Life-threatening complications have occasionally been described, such as pneumothorax.[3] Infectious complications, such as transmission of the human immunodeficiency virus, have also been reported.[4] In this case, the temporal association between the use of acupuncture and the development of symptoms suggests an unusual origin of these bilateral psoas abscesses.

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Breast Implants and Autoimmunity

TO THE EDITOR: While the controversy over breast implants and immunity rages on, I am interested in the apparent failure to consider what I view as a fundamental issue: breast implants are not distributed randomly in women. They are given to women who have selected themselves—certainly by morphology, and possibly also